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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

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O. C. WELBOURN, A. M., M. D., Editor

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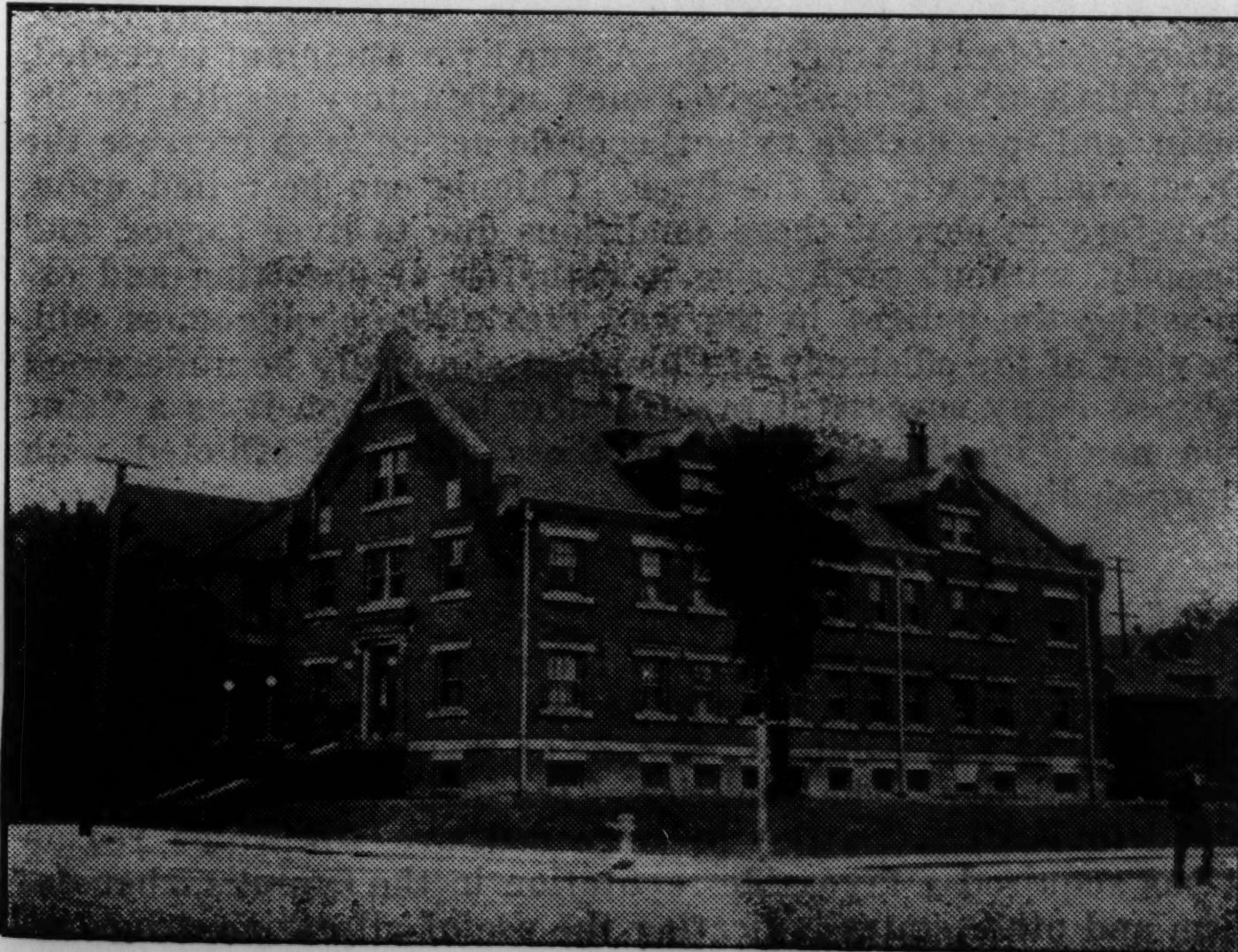
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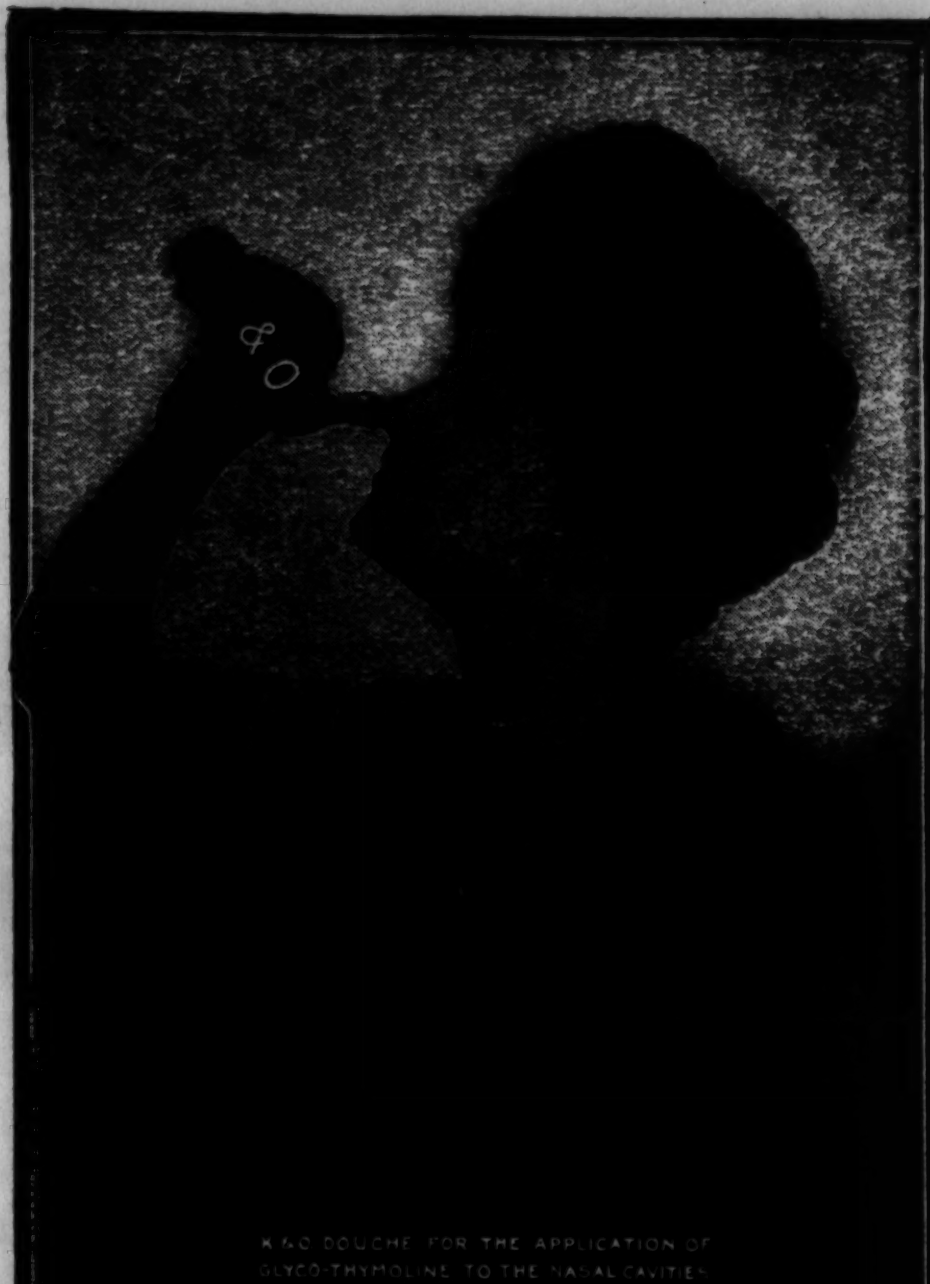
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The California Eclectic Medical Journal

Vol. VIII.

MAY, 1915

No. 4

Original Contributions

OUR MATERIA MEDICA

H. C. Smith, M. D., Los Angeles

Read before The California Eclectic Medical Society

Our Materia Medica, like the diamond, is more notable for its innate worth than for its bulk.

An extensive search through textbooks on Materia Medica and Pharmacology, reveals the fact that about forty remedies, only, can be accredited to the Eclectic School, as being introduced and developed by them, and many of these were obtained from the aborigines, and from domestic practice. Of course, there are many remedies not discovered, nor brought to the attention of the profession by Eclectics, that have maintained their position in the Materia Medica, and valuable properties possessed by them, have been discovered through the efforts of Eclectics.

It would be impossible in the time allotted to this paper, to discuss all the remedies introduced to the profession by Eclectics, so I shall occupy the time in the discussion of a remedy of which there is no doubt of its Eclectic origin, although there have been efforts made to discredit that origin, and which is one of the most prominent in our Materia Medica because of its great therapeutic value.

This is Resin of Podophyllum, generally catalogued commercially as Podophyllin. There are two grades on the market, a dark brown product which gives us the true normal action of the drug; and a yellow product which is the result of treatment of the drug with alum water which precipitates a greater amount of resin, but unfortunately causes it to gripe in even medical doses. This latter quality of resin is the one ordinarily dispensed when Podophyllin is prescribed.

In the 1847 edition of the United States Dispensatory an

attempt is made to credit Wm. Hodgson, Jr., of Philadelphia with the discovery of Podophyllin, and that same paragraph is also to be found in the edition of 1890 if not later. There was little excuse for its inclusion even in the 1847 edition as that was twelve years after Prof. John King had discovered the resin by accident, although he did not call it Podophyllin, but by its true name Resin of Podophyllum.

About 1835 Prof. King while engaged in preparing a hydro-alcoholic extract of Podophyllum was called away from this task and was unable to resume work upon it until the following morning, when he discovered grayish brown masses floating upon the surface. This caused speculation upon his part as to the possibility of its having therapeutic action, and there being a young lady aged seventeen years in the family who was in need of a purgative medicine, he skimmed off twelve to fifteen grains of the substance and gave it to her. In about an hour it began to manifest its violent hydrogogue cathartic effect, and it required prompt and vigorous treatment to prevent a total collapse upon the part of his patient. To quote Prof. King: "A princely fortune would not tempt me to repeat the experience."

That the action in this case was not merely incidental was proven by the case of Dr. Pietro who took ten grains at a single dose and experienced nausea, vomiting, chilliness, exhaustion, cramps and free catharsis. The experiments on animals performed by Hughes, Bennett, Anstie and various others in which very large doses were administered, and from which they concluded that the drug diminished the secretions of the liver, and was, therefore, not a true cholagogue, were in reality, not only confirming the experience of various eclectic clinicians, but of that of Rutherford and Vignal who made a series of experiments for the British Medical Association, and of Padwissowski, as well.

Rutherford and Vignal reported in the British Medical Journal for Oct. 30, 1875, as follows:

"1. Podophyllin when injected into the duodenum of a fasting dog, increases the secretion of bile. It is inferred that the increase in biliary flow was due to increased secretion, and not merely to expulsion, because the gall-bladder had been well emptied by compression and the cystic duct had been clamped. Moreover, the increased flow was far too prolonged to be attributed to spasm of the larger bile ducts; therefore an increase in secretion must have been the case.

"2. When the bile is prevented from entering the intes-

tine, Podophyllin acts less powerfully and less quickly than when bile is permitted to flow naturally.

"3. Augmentation of the biliary secretion is most marked when the purgative effect is not severe; indeed, if the purgative effect be very decided, diminution and not augmentation of the biliary secretion may be the chief result.

"4. Podophyllin purgation is apparently due to local action, for the irritation of the intestinal mucous membrane extends gradually from above downwards.

"5. The bile secreted under the influence of Podophyllum although it may be in increased quantity, contains as much of the special biliary matter as bile secreted under normal conditions."

This summarization by Rutherford and Vignal is the physiological and therapeutic actions of Podophyllin in a nutshell. The action of Podophyllin is irritant first, last and all the time. Applied locally to mucous membranes or to an abraded surface it is irritant to the part which expedites its absorption. While too irritant for hypodermatic use, nevertheless, if used in this manner it is rapidly absorbed into the blood-stream. However, administered it is absorbed into the circulation, circulates in the blood-stream unchanged, and while some of it is eliminated through all the emunctories it is in major part carried to the gastro-intestinal tract, that is, that portion under splanchnic control, and eliminated into it. Being an irritant, if given by mouth this action is exerted to some extent directly and stimulation results. After absorption it is returned through the portal circulation and as a natural consequence the liver is the organ receiving the greatest amount of stimulation and of remedial effect, perhaps. If the amount given is too great we are certain to get the effect that we get from over-stimulation of any part. In other words, a small amount stimulates a normal activity of the hepatic cells, while a large amount over-stimulates and the over stimulation is followed by inactivity, therefore the findings of Anstie, Bennett, Pietro and others were correct and to be expected.

This irritant carried to the liver through the venous system must of necessity exert its action upon the vessel walls, particularly, the venous walls, stimulating them and increasing their tone, relieving portal congestion, restoring a normal circulation, and allowing a normal activity of liver cells. It is this property of the drug that is utilized by eclectics, and this disturbance of portal circulation which produces the symptom complex for which we prescribe Podophyllin.

Following out the course of elimination of Podophyllin we

find it poured into the gall-bladder still exerting its irritant action, beneficial if in small or moderate dosage, drastic and hydrogogue if in large doses. In small doses increasing tonicity of the gall-bladder and ducts; in large doses irritating and causing spasmodic contraction of the circular muscle fibres and an expulsion of all the bile from it. Passing into the bowel it is gently stimulant to the small bowel in small doses, a drastic irritant in large doses with all gradations of action between. Thus it can readily be seen why very large doses are followed by hepatic inactivity.

The irritant action of the drug exerted upon the general venous system also assists its action upon the portal circulation, and the action upon the glandular structures acting as a stimulant together with its hepatic action accounts for its alterative effect upon the system.

Venous relaxation, particularly of the portal system, and the wide spread disturbance resultant therefrom, is the symptom complex which will come directly in its field of action. The specific symptomatology arising from this pathological anatomy and physiology is: portal congestion and hepatic torpor evidenced by full, relaxed and engorged tissues, bowels, abdomen, extremities and tongue; jaundiced and waxy skin, and yellow sclerae; full, broad relaxed, yellow coated tongue, and inactive body and mind as objective symptoms; dullness, drowsiness, vertigo, loss of taste or dark brown taste, constipation or alternate constipation and diarrhoea as subjective symptoms. The hemorrhoidal veins are very likely to be involved in the difficulty and hemorrhoids result. Therefore this is the specific symptomatology, or specific indications if you please, for Podophyllin.

ELECTRICITY AND THE AVERAGE PRACTITIONER

J. M. Cleaver, M. D., Los Angeles

Read before The Los Angeles County Eclectic Medical Society.

The average medical practitioner looks somewhat askance at electricity as a remedial measure. This attitude appears to be due largely to the fact that electricity is an agency used extensively by charlatans and fakers. These same charlatans and fakers are however able to get results which are beyond the powers of the ethical physician; and the results cannot all be premised upon the theory of suggestion and hysteria.

A man may be judged by the company he keeps it is true, but this does not necessarily apply to methods of treatment.

Electricity, even in the hands of the incompetent is capable of great things as a healing agency.

The question before the average practitioner is whether or not he is justified in incurring the expense of equipping himself to use this form of treatment. To this is added the suspicion as to the truth of the spacious statements of the manufacturers of the necessary instruments and appliances. There are without a doubt more lying statements handed to the prospective purchaser of electrical machines than in connection with any other therapeutic devices.

The average practitioner does not need to make a primary investment of more than \$35 to \$50 in order to equip himself to do 90% of the electrical work that will fall to him. A good wall plate delivering both galvanic and faradic currents can be purchased for about \$30. The necessary electrodes will cost a few dollars more. Should the physician later desire to work with high-frequency currents, a good machine, together with a set of electrodes can be secured for about \$55. High-frequency work however should not be attempted until a mastery is secured of the uses of the faradic and galvanic currents.

Of course if psychic impression is the desideratum, the manufacturers gladly cooperate by offering large cumbersome and highly ornate cabinets and plates, with a multiplicity of "currents," at the disposal of the operator. These however are entirely unnecessary to the real worker.

Now what can be done with galvanic electricity? With this modality it is possible to stop hemorrhage, effectually sterilize any mucous membrane in the body, control pain, and change the local reaction of the tissues from acid to alkaline or vice versa at will. A part can be rendered hyperaemic or anemic, strictures can be painlessly dissolved, the menstrual functions can be controlled absolutely and scars can be absorbed from any part of the body. By the aid of cataphoresis many medicaments, including all the metals, non-metals, acids, alkalies, salts and alkaloids can be sent into or drawn out of the body.

Gynecology and genito-urinary work becomes simplified with the aid of this current. Vaginitis, cervicitis, endometritis and some forms of salpingitis can in most instances be absolutely cured. Infantile uteri can be developed in all cases. Cervical erosions can be healed, small scars from tears absorbed, stenosed cervical canals dilated, and all without discomfort or hemorrhage. The urethra can be sterilized, strictures completely eradicated and enlarged prostates reduced. A tendency to hemorrhoids can be cured and established hem-

orrhoidal tumors painlessly removed. Non-malignant cutaneous growths can be obliterated, acne can be cleared up, enlarged turbinates can be reduced, polypi taken away, and tonsils sterilized and shrunk.

Neuralgia and neuritis can in many instances be almost magically cured with this current. General circulation can be improved, local congestions done away with and anemic parts flushed with blood.

With the faradic current it is possible to elicit the various reactions of degeneration. Paralyzed parts can be exercised and massaged. Weakened muscles can be built up, thus correcting most forms of spinal curvature. Relaxed abdominal muscles can be so strengthened that constipation, when from this source, is cleared away. A weak sphincter urinae can be so strengthened as to cure involuntary urination, and the recti-muscles of the eye are exercised, thus mitigating the effects of strabismus.

This work is exact, scientific and under perfect control, and can all be accomplished with an expenditure of, say, \$35.

The realm of high-frequency is fascinating in the extreme. The cheapest and most expensive apparatus should both be shunned, the one being useless and the other superfluous. With this current it is possible to increase metabolism, augment the excretion of urea and allied substances, lower high blood-pressure and cure many forms of nervous diseases. The high-frequency current, however, requires more care in its use and has not the universal application of the galvanic and faradic modalities.

Electricity to the general practitioner is decidedly worth while. Its field is limited, to be sure, but in that field it is supreme. Conscientious study and application pay big dividends, both in a satisfaction of having done the right thing and from a monetary standpoint.

Why turn this field of legitimate therapeutics over to the quack?

SPURIOUS DRUGS

By John Uri Lloyd, Ph. M.

[The fundamental principle of pharmacy is that the raw materials from which we prepare our medicaments shall be true to their name. It is axiomatic that this is not always the case, and in the paper which follows the talented and versatile author of the "Drugs and Medicines of North America" convincingly points to the chief reason why spurious drugs are found in the market.]

The manufacturer of medicines is continuously confronted with problems such as are embraced within the above title, problems that are exceedingly annoying, and the more so because they are usually unnecessary. Spurious drugs are not always, perhaps not often, substituted by design, for commercial profit. They may be thrown upon the market in large quantities through the ignorance of the collectors, and distributed in good faith by the commercial handler, who accepts in confidence the collector's stock of crude material. In some instances the collecting of a spurious drug is fully as expensive to all concerned as though the true drug were furnished; indeed, to the legitimate dealer it offers no profit over the genuine.

May I not presume to ask a more charitable view of this problem than that which generally prevails? Physicians, and even dispensing pharmacists, can scarcely appreciate the perplexities that come to dealers in crude drugs, to jobbers, and to manufacturing pharmacists, especially those whose business is conducted on a large scale. These problems are extremely annoying to one and all, and it may be said without fear of dispute that every commercial dealer in crude drugs, and every manufacturing pharmacist, would not only experience a grateful relief could he know that every article purchased was exactly as labeled, but he would gladly pay an additional price for such a guarantee of exactness. Indeed, it goes without a question in my mind, that the losses now so frequently incurred through the necessary destroying of misnamed substitutes, and the time consumed in sorting and culling out admixtures, which has always been a necessity with purchasers of commercial drugs, more than counterbalances the increased cost of an educational effort that would come with better methods of collecting medicinal drugs.

Inasmuch as my sphere of pharmaceutical activity has been partly in the direction of the American materia medica, both crude and manufactured, I feel that a few comments concerning some of our perplexities may not be out of place. And as these can best be illustrated by specific examples, let us consider some of the drugs concerning which we find much confusion in the commercial drug market.

Chionanthus

Up to 1904 this much-employed drug had never, under my observation, been contaminated by a sophistication, as is indi-

cated by a drug treatise on chionanthus, issued in that year, to which I contributed as follows:

Part Used. "The inner bark of the root. Chionanthus stands somewhat conspicuous, in that the commercial drug is always true to name, no sophisticant or substitute, to our knowledge, being found on the market."

At the present time this statement is erroneous. A few years ago gatherers began to confound with chionanthus the bark of a tree or shrub, as yet unidentified, that somewhat resembles chionanthus, but is lacking in the sensible qualities of the true drug. The spurious bark, as first noticed, was coarser and in larger slabs than chionanthus, but it has recently been found nearer in size, as well as thickness, to the true drug, with which it has been mixed by the collector, through ignorance or intent. This necessitates the culling of the commercial article by a drug miller and his assistants, a process that is rather tedious, and naturally expensive. Recently there appeared an offering, under the name chionanthus, of 1500 pounds of a bark that was mainly a sophistication. It carried, however, a small amount of chionanthus, five parts chionanthus in thirty-five parts. The presence of true chionanthus indicated either that the spurious drug grew in a chionanthus section, or that it had been subsequently, and intentionally, mixed with a small amount of the true bark. This latter view I am loath to accept, because in my opinion no American handler of crude drugs would tolerate an intentional admixture in his own establishment. The probabilities are that the drug collector in the woods and hills either mistook the tree from which he culled most of the bark, or that he employed parties indifferent to their trust.

The Viburnums

The use of viburnum opulus, **cramp bark**, dates back to domestic medicine in the past century, its most conspicuous therapeutic introduction, perhaps, being in *The Botanic Physician*, 1844, a work of 210 pages, by Dr. Elisha Smith, to which Dr. John King often referred in the first edition of his *Dispensatory* (1852). At that time, and for many years afterward, viburnum opulus was employed in but small amounts outside the eclectic school in medicine. There was consequently no difficulty in obtaining, true to name, the moderate amount necessary to supply the demand for the drug. Came next a commercial demand for "viburnum," instigated by proprietary preparations. Viburnum opulus was then the only drug recognized under the name "cramp bark" (see the old American

domestic remedy publications), and this demand for "viburnum" was abruptly stimulated. Viburnum opulus not being commercially very abundant, the drug practically disappeared from market, the possible supply being insignificant in proportion to the amount required in commerce. It was then inexplicably replaced, under the name "cramp bark" (which name originally applied to viburnum opulus only), by the bark of acer spicatum, or mountain maple, to which, so far as I know, the name "cramp bark" had not previously been applied. This substitution was brought conspicuously before the country by Oliver A. Farwell (Bulletin of Pharmacy, February, 1913, page 68), in an exemplary study that should be read in the original by all concerned in collecting or purchasing crude drugs. In this connection we might emphasize the fact that true "cramp bark" is unquestionably viburnum opulus, but undoubtedly the bark of acer spicatum has long been about the only "cramp bark" on the general market.

As a historical record it may be added that the early eclectics used, under the names "cramp bark" and "high cranberry," the bark of viburnum opulus only, a shrub native to the East, and well known to them. Strangely enough, however, this drug is not mentioned in Samuel Thomson's Narrative and Guide, although it was freely employed by his followers. The demand for the true cramp bark is as yet unsatisfied, and even at exorbitant prices it is difficult to obtain, as has been noted by physicians whose orders for pharmaceutical preparations of the drug must often be left unfilled.

Viburnum Prunifolium—Black Haw

Let me now call attention to the fact that of the viburnums, not alone is the variety "opulus" open to suspicion, but also viburnum prunifolium. In my opinion, the bark of different species of crataegus, and perhaps of trees even farther separated from viburnum prunifolium, are likely to be distributed under this latter name. A person familiar with the different species can readily distinguish true black haw by the taste, which, more or less bitter, is not to be confused with the insipid crataegus.* The rational way to obtain these barks true to name is not that of becoming a professional scold, but to edu-

*That other bitter barks are sold as "black haw," I have reason to believe from a specimen now before me. That crataegus is also frequently found masquerading as black haw, is shown by an offering now before me, of a large lot that is altogether red haw. A sample of still another specimen of commercial "black haw" is now before me, of a tree or shrub with which I am not acquainted.

cate collectors to distinguish between the varieties, and to pay sufficient to warrant care and exactness. The confusion now prevalent is perhaps not to be wondered at, for the common term "haw" leads the thought of the ordinary root digger not only to black haw, but also to the common haw, known botanically as *crataegus*, of which there are innumerable American species and varieties. Indeed, a purchaser of "black haw" might, in my opinion, reject as spurious black haw any drug offered only under the simple name "haw." The opportunity for confusion becomes the greater in this case, inasmuch as the barks of such shrubs and trees as the haw are likely to be gathered in the winter, and as *crataegus* and *viburnum prunifolium* ordinarily grow in the same woodlands and thickets, and even in the same wood pastures (the former being the more abundant), it is perhaps to be expected that the collector, who employs his spare time in the winter in gathering the barks of such as these, might utilize all convenient species and varieties of haw, without attempting to discriminate between them. So far as I know, although the barks are different to the taste, there is no satisfactory method, on a commercial scale, of practically separating the barks of the black haw and the ordinary "haw" after they are mixed, and in my opinion the subject of the authenticity of commercial black haw bark is well worthy of investigation. It is to be regretted that Professor Sayre (*Am. Journ. Pharm.*, 1895, p. 387) did not add *crataegus* to his study of the *viburnums*. This might well be the subject of a coming investigation by either Dr. Farwell or Professor Sayre. The Kentucky and Ohio woodlands adjacent to Cincinnati carry both black haw and *crataegus*, and with both these shrubs I have been, from boyhood, familiar, and believe I speak advisedly in this direction.

Corydalis—Turkey Corn

Pass now to turkey corn, which the American Dispensatory defines as "the tubers of *dicentra canadensis*, De Candolle, or *corydalis formosa*, Pursh." For many decades physicians of the eclectic school have prescribed preparations of this drug. Another plant, however, *dicentra cucullaria*, produces somewhat similar tubers, and blossoming about the same time in the early spring, is also known as turkey corn, or turkey pea, a term that properly covers both plants. In my opinion, both are gathered indiscriminately, although the American Dispensatory attempts to differentiate between them, and warns that:

"*Dicentra (cordalis) canadensis* must be distinguished from *dicentra (corydalis) cucullaria*, which flowers at the same time, and very much resembles it."

Under the name "corydalis" the eclectic school of medicine has aimed to include only *corydalis formosa*, but it is questionable whether this object is always attained, and I would much like to see the commercial supply freed from suspicion.

Epilobium

There are two species of *epilobium*, known also as "willow herb," recognized in medicine, *epilobium angustifolium*, Linne, and *epilobium palustre*, Linne; no therapeutic distinction being made between these varieties. The common name, "willow herb," however, leads the mind of one uninformed to the true willow, as illustrated by the following incident: Some years ago a shipment of one thousand pounds, more or less, was delivered to the establishment that takes my care, under the label, "**willow herb.**" This shipment consisted wholly of the leaves and small twigs of the ordinary *salix nigra*, which had unquestionably been gathered in good faith by the collector, who, misled by the name willow, had lost his opportunity so far as *epilobium* was concerned.

Hydrastis

Some twenty years since *hydrastis canadensis*, or golden seal, was scarcely more expensive than other woodland plants growing in its neighborhood. But even then, when there was no commercial price distinction, carelessness in gathering resulted in more or less admixture of *serpentaria*, *cypripedium*, *senega*, *collinsonia*, *jeffersonia* (twin leaf), and even *caulophyllum* (blue cohosh), which rendered necessary a systematic garbling of the root diggers' supplies. Gradually, however, the price of *hydrastis* increased much beyond that of its neighbors, with a consequent incentive for intentional sophistication. Unfair collectors began to mix with *hydrastis*, *caulophyllum*, or blue cohosh, which, though much larger and bushier, most nearly, as a native neighbor, resembles *hydrastis* as concerns its root and fibers. In order that the admixture might not be so apparent, the bushy roots of blue cohosh were even chopped into fragments. In some instances I have known of the fibers, only, being utilized, and mixed with *hydrastis*. Twin leaf was also thus employed. This latter, being a purely commercial adulterant, is a peculiarly annoying sophisticant, inasmuch as when fibers only are employed, the admixture is perplexingly intimate, although the qualities of twin leaf and *hydrastis* are exceedingly different.

In our Cincinnati section, another drug has sometimes been mixed with *hydrastis*, but not with any intent of deliberate

sophistication, the admixture being perhaps excusable with an uneducated or indifferent root digger, by reason of its common name, "yellow root." This drug, *stylophorum diphyllum*, American poppy, or yellow poppy, blossoms in the early spring, as does *hydrastis*, and like *hydrastis*, is possessed of a bright yellow juice. Its root, however, is much heavier and larger than that of *hydrastis*, or golden seal. I recall one lot of one hundred pounds brought to me personally by a root digger near Cincinnati, as a very fine article of what he called "large golden seal," exhibiting it to me with pride. This drug was altogether a sophisticant, for not one rhizome of *hydrastis* was present, and aside from the natural blunder of the digger, it made possible what was, so far as I know, the first record of the chemical examination of *stylophorum*, which is figured and described in *Drugs and Medicines of North America*, 1884, pages 94-95. It may be added that Professor Schlotterbeck, of the University of Michigan, afterward took much interest in the alkaloidal content of this drug.

Trillium

Even more perplexing to those interested in natural American drug products are the trilliums. Although in the American Dispensatory the preferable species is given as *trillium erectum*, L., collectors apparently make no distinction whatever between the different species of trillium, nor, in my opinion, have they any reason so to do. The native species are all brought to market under the name most prevalent, bethroot, and consequently, in medicine, "bethroot" has from all time been established by the use of all the native species convenient to collectors, and in medicinal qualities they so closely resemble each other as to be practically identical.

White Snakeroot

Perhaps a more exasperating problem is presented by the rather rare drug known as white snakeroot. This, according to authorities, and accepted even by the American Dispensatory, is the root of *eupatorium aromaticum*, L. The more common variety, however, is *eupatorium ageratoides*, and in my opinion this species has furnished the major portion of the white snakeroot of commerce. It is not unlikely that the two species have like qualities, and yet this fact should be established, and if proven, both varieties, as with the aforementioned *epilobiums*, should be authorized. A study of the structural distinctions is desirable. In this connection it may be remarked that Professor E. L. Moseley, of Sandusky, and Dr. E. W.

Brooks, of Beecher City, Ill., have recently made this plant responsible for the mysterious and long-studied ailment, "milk sickness." To the minute portions of aluminum salt contained in the drug, Professor Moseley ascribes its untoward energies, while it is of interest to note that he has recorded that ordinary baking soda, or bicarbonate of potassium, may be employed as an antidote.†

The Cohoshes

Audacious, indeed, would be the dealer in American crude drugs who would attempt, by their roots, to distinguish between *cimicifuga racemosa* (black cohosh) and *cimicifuga americana*. The rarity, however, of the latter plant, were there any therapeutic distinction between the varieties, would prevent admixture to any material degree. In *Drugs and Medicines of North America*, 1885, C. G. Lloyd wrote as follows:

"In the entire list of native plants we do not know of any other two evidently distinct species that bear so close a resemblance to each other as *cimicifuga americana* and *cimicifuga racemosa*. No one but a close-observing botanist would ever suspect that they were different plants, and botanists can tell them apart only when in fruit. Trying to obtain the rhizome of *cimicifuga americana* for comparison, we corresponded with quite a number of botanists who at first thought they knew the plant, but afterward found that they had mistaken for it the *cimicifuga racemosa*, and in one instance a quantity of the rhizome of *cimicifuga racemosa* was expressed us for it. Our rhizomes of the plant were obtained through the kindness of J. Donnell Smith, of Baltimore, than whom there is no more careful botanist nor acute observer. Although he is perfectly familiar with both species, he was compelled to wait until the gynoeceum had formed in the bud before he could distinguish the *cimicifuga americana* from the other."

Concerning the white and red cohosh, *actaea alba*, Bigelow, and *actaea spicata*, Linne variety *rubra*, Aiton, C. G. Lloyd write as follows:

"As the *actaea alba* and the *actaea spicata*, var. *rubra* (which are the only forms found over the States east of the Mississippi), bear such a close resemblance that they can

†See monographs by Professor E. L. Moseley: "The Cause of Trembles and Milk Sickness," *Medical Record*, May 15, 1909, and "Antidote for Aluminum Phosphate, the Poison that Causes Milk-Sickness," *Medical Record*, April 9th, 1910.

hardly be distinguished except when in fruit, we will give a general description that will apply to both."

It would be useless to attempt to teach ordinary drug collectors the botanical distinctions that would enable them to gather each of these drugs true to name, and it may be accepted that no attempt at separation is made by the collectors.

Helonias

Many are the complications and misunderstandings that have confounded helonias (*chamaelidium*) with aletris. Indeed, C. G. Lloyd discovered that Strong's American Flora figures the top of aletris with the rhizome of helonias. The common names of these two quite dissimilar plants, both concerning their roots and their tops, are partly responsible for this confusion, the term star grass having been applied to both of them, and the terms "unicorn" and "false unicorn" being likewise employed for both. In our opinion, as stated in the study made for the American Dispensatory (1881), the term "star grass" applies properly and rationally to aletris, the sharpened leaves of which rise upward from the base, encircling the stem, reminding one somewhat of a star. In like manner the term "unicorn," meaning "a single horn," applies to a large portion of the curved helonias roots. The roots of helonias and aletris are otherwise utterly dissimilar, aletris being surrounded with fuzzy, wire-like rootlets, and covered with a dandruff-like chaff, whereas helonias, excepting the sparse rootlets, is bare and ridged. Notwithstanding these prominent distinctions, purchasers of star root or star grass are, without any attempt at deception, likely to obtain helonias, and purchasers of helonias or unicorn root are just as likely to obtain star grass. Any attempt at a study of these drugs, if their commercial names be accepted as authority, is, in my opinion, as pronouncedly time wasting, as is true of the study of the commercial apocynums. The changing of the official name of helonias to *chamaelirium* has not as yet overcome the aforementioned confusion; indeed, the term *chamaelirium* has not been accepted in commercial directions. In the first volume of the American Dispensatory I endeavored to differentiate between these two drugs, presenting illustrations of both the tops and the roots.

Apocynum

In no lesser degree uncertain as a commercial drug are the roots sold under the name apocynum. So far as the drug supplied from the Middle West is concerned, at least in the

Cincinnati section, apocynum androsaemifolium is commercially absent, the only species abundant in our neighborhood being apocynum cannabinum. It is questionable, however, as to whether there be any therapeutic distinctions between either these species or the many other varieties. So far as I know, they are all very bitter, very cathartic and, in overdoses, emetic. In my opinion (providing there be any apocynum androsaemifolium gathered anywhere), scientific investigations made with these drugs, if the general American market be depended upon for the supply, is as likely to be from the one species as the other, regardless of the label. In this connection it may be stated that the eminent botanical authority, Professor Rusby, has given the apocynum more or less care and attention, and it is to be hoped that when his labors are completed he will have been able to render it impossible for further confusion to exist in the commercial world.

Summary

This rather disjointed contribution is presented, not with the thought that it carries much that is new to either manufacturers or purchasers of crude drugs, or that it more than superficially touches the problem. The examples presented could be multiplied to a burdensome extent, but sufficient have been given to indicate the importance of the purification of the crude drug market.

An experience of several decades with American crude drugs enables me, perhaps, to present some points of view that will be suggestively useful, in which connection I wish to record that I am not a professional botanist, but am speaking only as one concerned in the perplexities of pharmaceutical processes and necessities. Possibly I may be excused for adding that time and experience have led me to views that, in day gone by, would not have been attainable.

For example, I have long since ceased to accept that such exasperating complications as those aforementioned are, as a rule, due to intentional fraud on the part of either collector or dealer. But even where this cause unfortunately exists, the blame, I now believe, rests mainly on commercial competition, often under the execrable motto, "Just as good, and cheaper," joined with the fact that the ultimate consumer of drugs has not been taught the necessity of drug purity, or the harmful consequences of substitution in pharmaceutical preparations that seemingly can be made cheaper, for the consumer's benefit.

This cheapening of pharmaceutical preparations by the use of inferior crude materials, costing often less than they

should cost, is, in my opinion, to be much lamented. Physicians led by a seeming favor in price, are often misled, to their own and their patients' distress. Apothecaries also should be properly instructed as concerns the expense of gathering and curing drugs, and of the necessity of separating with exactness different species and varieties, that frequently shade into each other bewilderingly, as do the viburnums and the different species of crataegus, also the grindelias, trilliums, etc. The collector unquestionably should receive the price due him for exactness of manipulation, as should also the dealer in crude drugs, on whose care so many must rely for commercial supplies. A standard of cheapness, only, presents little incentive for care or exactness, on the part of either collector or dealer. "We must educate, we must educate," applies now as in days gone by, and, in my opinion, education of the one at the beginning of the line, the drug gatherer, is of first importance. Physicians and pharmacists must be shown that to cheapen a drug, be it crude or manufactured, beyond bare bread and butter living point, is to destroy its value, through the introduction of worthless substitutes or inferior products at a lower price. The best in medicine is not too good for the use of the physician, who must depend upon his remedial agents to insure his success, especially in the treatment of critical cases where failure in applying the needed touch may mean the loss of the patient.

It seems, therefore, to me now, to be apparent that the first step in our attempt to purify the American drug market is the better education of the drug collector, which can only be accomplished by a proper remuneration for his efforts. As a rule, he is not a botanist, but he is yet perfectly familiar with the prominent distinctions that enable him to separate, let us say, the "turkey-pea" plants. In my opinion, few collectors have ever been properly instructed as to the necessity of such differentiations, or encouraged by a proper financial return, to be exact and careful.

Am I right in this? Let us see. According to Sargent, Trees of North America, there are 137 varieties of crataegus alone, not to mention 15 species of the North American viburnums. Sargent even states that, to botanists, "the genus [of crataegus] is still very imperfectly known in North America." It goes without saying, then, that the delicate shading that a botanist might make in these varieties is impossible to a drug collector, but yet every collector of drugs fully comprehends the difference between the ordinary red haw tree and the black haw tree, and if he be made to comprehend the necessity for care in differentiation, and be paid enough to warrant him in

collecting the barks at a season of the year when the leaves and berries on the tree will to him distinguish the tree, there is but little question that he will gladly take the trouble to make his collection true to name. After such barks have been gathered, and perhaps thoroughly mixed before coming to the drug miller, the problem of authenticity becomes exceedingly difficult. Even though to the taste the dried barks are to one experienced quite unlike, where a ton of the mixture is concerned it is not practicable to separate the varieties by tasting or otherwise inspecting each sliver of bark. Nor is a microscopic examination of each piece feasible, where a large mixed shipment is in question. Here, as in other instances, the "ounce of prevention" is worth many pounds of cure. Educate the gatherer of drugs, pay him for his care, and the problem of the drug dealer will be lessened, not to speak of the drug miller, upon whom falls all the various perplexities I have named, and upon whom, regardless of his care, falls the blame for the shortcomings due to the neglect, intent or ignorance of others.

May I not, then, be permitted to suggest that the finding and exposing of sophistication and admixtures in crude drugs is but the discovering of muddy water below the dam. To purify the stream the fountain must be cleared.

In Conclusion

The American crude drug market presents a deplorable uncertainty that can be overcome only by properly educating collectors as regards care in crude drug collection, and, by a fair profit, encouraging crude drug dealers to exert specific attention to such effort. Experts like Professors Rusby and Kraemer and Dr. Puckner are doing a world of good, and, in my opinion, no greater service could be done pharmacy than to consummate an arrangement whereby such men could devote their entire time to this work. Such a systematic undertaking as this, together with the magnificent efforts now being made in drug culture by the National Department of Agriculture, the various state boards, and the painstaking department of the Council on Pharmacy and Chemistry of the American Medical Association, would surely purify our native *materia medica*.

But do not forget that even men like these need the help of the dealer, who, in turn, needs the encouragement of consumers willing to pay a living wage to those who are worthy.—
The Druggist's Circular.

**CALIFORNIA EXAMINATION QUESTIONS, APRIL, 1915
CHEMISTRY AND TOXICOLOGY****Dr. H. V. Brown**

1. Explain process of examining feces for nitrogen content.
2. What per cent of nitrogen is excreted with feces in (a) fasting, (b) mixed diet, (c) vegetable diet?
3. What are the chemical constituents of the thymus gland?
4. What reaction has a liver cell, (a) before death; (b) after death; (c) Does bile coloring matter occur normally in liver cells?
5. (a) Give formula and describe glycogen.
(b) Discuss fully the formation of glycogen, and its occurrence in tissues.
(c) What causes glycosuria?
6. Name six purin bodies and tell where found in the animal body.
7. Define and give an example of each of the following: Antidote; antagonist; toxicology; poison.
8. (a) What effect does dilution of a corrosive poison have upon its local action?
(b) If an ounce of carbolic acid, well diluted, were swallowed, would life be endangered?
(c) What is the official antidote for arsenic poisoning, and how prepared?
9. By what chemical tests or means would you identify the following: Mercuric chlorid; morphine; antipyrine; and strychnine?
10. Name five causes of unconsciousness in which the odor of breath will indicate the cause, and describe the odor.
11. Differentiate between poisoning by potassium cyanide and potassium hydrate.
12. Give dose of following: Caffeine citrate; Bromoform; Hydrocyanic acid; Scopolamine; Hydrobromate; Strophanthin.

(Answer ten questions only.)

GENERAL DIAGNOSIS**Dr. D. L. Tasker**

1. (a) Define ankylosis.
(b) Give examples of various forms of ankylosis.
(c) What diseases frequently cause ankylosis?
2. Differentiate neuritis of the circumflex nerve, sub-deltoid bursitis, synovitis of the shoulder joint.

3. What are the earliest signs of vertebral tuberculosis in a child?
4. Describe the appearance of the knee when its synovial sac is distended. What may this swelling signify?
5. What are the early symptoms of tuberculosis of the hip joint?
6. What are the early symptoms of (a) measles; (b) scarlet-fever; (c) tonsilitis; (d) diphtheria?
7. What is the significance of a retracted chest wall in a case giving history of pulmonary hemorrhage at various times during previous years?
8. Differentiate an incomplete inguinal hernia, on the right side, from chronic appendicitis.
9. What may be the significance of venous stasis in the lower extremities?
10. Describe cardiac asthma.
11. What are the causes of (a) paraplegia; (b) of hemiplegia?
12. Why are children more subject to convulsive attacks than adults?

FOR DRUGLESS PRACTITIONERS ONLY

(Answer but ten questions.)

GENERAL MEDICINE

Dr. Dain L. Tasker

1. Give symptoms and physical signs of primary and secondary forms of broncho-pneumonia.
2. Describe the symptoms of cerebral hemorrhage, primary stage.
3. Discuss enlargement of the spleen, giving significance of this phenomenon.
4. What are the consequences of uncured gonorrhea (1) to the male: (2) to the female?
5. Briefly describe the various stages of syphilis, calling special attention to those reasons which are known to transmit the contagion.
6. Describe the symptoms and treatment of specific anterior urethritis.
7. Discuss acute chorea, indicating why it may be classed as an infection neurosis. Outline the proper management of a case under ten years of age.
8. Discuss movable kidney. Give treatment.
9. Give symptoms and physical signs of mitral incompetency.
10. Discuss symptoms and treatment of exophthalmic goitre.

11. Discuss "referred pain" in visceral disease.
 12. Discuss the treatment of gastric ulcer.
- (Answer ten questions only.)

MATERIA MEDICA AND THERAPEUTICS

A. M. Smith, M. D.

1. Name the three principal official preparations of digitalis. Give dosage of each. What is the physiologic action of digitalis on the heart?
 2. Name three cardiac stimulants and the dose of each. Name three diuretics.
 3. How would you treat a case of poisoning by mercury; opium; phenol?
 4. State the principal use of ergot.
 5. What is the initial dose of diphtheria antitoxin in a severe case of this disease. Describe the treatment of rabies.
 6. Write a prescription for local application in a case of scabies, and the directions for its use.
 7. What is the hyperdermic dose of morphine sulphate, strychnine, nitro-glycerine, apomorphia, caffeine, sodium benzoate, camphorated oil, whiskey?
 8. How much opium is there in ten grains of Dovers powder? How much ipecac? What is the action of Dovers powder?
 9. Give directions for use of potassium iodide in the tertiary stage of syphilis; quinine in malaria; dilute hydrochloric acid in gastric carcinoma; hydro-bromide of quinine in goitre; sodium salicylat in acute infectious arthritis.
 10. Write a prescription for a cough.
 11. State, in the order of their importance, the ten most popular drugs used in your practice.
 12. Outline your treatment in a case of acute lobar pneumonia, the drugs used and the action you would expect to get.
- (Answer ten questions only.)

OBSTETRICS AND GYNECOLOGY

H. Clifford Loos, M. D.

GYNECOLOGY

1. Malformation of Uterus. Describe briefly.
 - (a) Uterus uniconis.
 - (b) Uterus biconis.
 - (c) Uterus Duplex.
 - (d) Uterus Septus.
2. (a) Name subjective symptoms of subinvolution uteri.
(b) Name subjective symptoms of superinvolution uteri.

3. Differentiate briefly vulvar chancre from vulvar chancroid.
 4. Outline briefly the treatment of streptococcic endometritis.
 5. Name steps in technique of vaginal hysterectomy.
 6. Describe briefly the necessary steps to be taken when a ureter is accidentally severed during an operation.
- (Answer five questions only.)

OBSTETRICS

1. Describe briefly ovulation.
2. Name signs of pregnancy at fifth month.
3. (a) Describe briefly abruptio placentae.
(b) Name chief causes of same.
4. Describe briefly the treatment of post partum hemorrhage.
5. Describe mechanism of delivery of placenta.
6. Describe briefly the changes in the endometrium in the puerperium.

(Answer five questions only.)

SURGERY

R. A. Campbell, M. D.

1. (a) Upon what would you base a diagnosis of a floating kidney?
(b) Describe an accepted operation for its correction.
2. (a) When is a lumbar puncture indicated?
(b) Describe the operation in detail.
3. Give symptoms and diagnosis of acute appendicitis.
4. (a) Give pathology of one form of dislocation of the shoulder.
(b) Describe method of reduction.
5. Define aneurysm, anasarca, balanitis, ecchymosis, ectropion.
6. Describe the operation necessary for the cure of an impassable urethral stricture.
7. (a) Upon what would you base the diagnosis of a tubercular hip?
(b) Detail the proper treatment.
8. Upon what would base a diagnosis of rupture of the bladder?
9. Give technique for the administration of an intra-venous solution.
10. Differentiate between moist and dry gangrene, as to etiology, pathology and diagnosis.
11. Discuss the treatment of talipes, equino varus with bone deformity.
12. How should a fracture of the leg at the middle third be treated? (Be explicit.)

(Answer ten questions only.)

(To be Continued)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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OUR ANNUAL MEETINGS

Springtime is noted for many things besides a young man's love, and one of these is annual meetings. All organizations have them, in truth it may be said to be epidemic, thus resembling "spring fever." And for the most of us, when we begin to reflect upon that "paper" that we promised in a heedless moment, the discomforts of the above named malady are likely to be augmented. At such a time it is well to remember that once upon a time it was said that "it is better to give than to receive." And upon occasion it might be well to keep repeating it over and over with increased emphasis a la Christian Science. Should this plan fail to shake off, or at least ameliorate, the profound lethargic state a bottle of Peruna is the only remaining alternative since cocaine has become too scarce for general use.

However it may be that the reader has already prepared his paper. In such an event he is fit subject for congratulation, and he has our permission to go fishing. But before doing so we suggest that he take a look at the Society Department so that he may know the date and place of these coming events.

THE SMALL MEDICAL COLLEGE

The small medical college is again up for discussion because of a report (Journal American Medical Association, May 23, 1914) that as a rule the larger the college the higher is the percentage of its graduates who fail before the State Examining Boards. The cause of the phenomenon is thought to be inadequacy of the teaching staff of the large colleges, which makes it impossible to give sufficient individual instruction to each student. This is undoubtedly true, and fully accounts for the remarkable careers of many men who have been turned out of institutions notoriously lacking in equipment. We have often called attention to this phenomenon, as well as the parallel in academic colleges, and have often advised that young men be induced to matriculate in small institutions instead of the big ones where they might be submerged and neglected. The staff automatically enlarges with the number of students, but this throws the teaching into the hands of the young and inexperienced and possibly the inefficient, while in the small college more of it falls to the professor of recognized ability. The mere enlargement of the faculty does not therefore suffice, and in medicine enough teaching material may not be in the locality. A city of moderate size may furnish plenty of talent for a small college, and such institutions should therefore be encouraged. They are doing better work than the big ones and could do still better with a bit more equipment furnished by local public-spirited men. Yet, after all is said, success depends on the brains in the student's skull. Good or bad teaching merely makes the student more or less successful than he would be with mediocre teachers.—American Medicine.

OBITUARY

DR. LEWIS A. PERCE

For several months Dr. Perce had been in failing health, but an indomitable will kept him in attendance upon his patients. The immediate cause of his death was an extensive cerebral hemorrhage, causing paralysis of the entire right side. Two weeks later he died, April 9, 1915.

Dr. Perce was a powerful man mentally and physically. He had very positive ideas on all live topics and presented his conclusions with vigor and clearness. By nature a very frank and outspoken man, yet he was recognized also as an amicable man and greatly loved by a large circle of friends. The following historical sketch is from the Los Angeles Tribune:

"Dr. Perce was sixty-one years old and was the son of William Perce, who in Springfield, Ill., when he was sheriff of Sangamon county, occupied offices with Abraham Lincoln. Lincoln was district attorney of Sangamon county at that time, and when he became president of this country Lincoln gave William Perce a cane that had been in Dr. Perce's possession for many years.

"Dr. Perce's education was obtained in the Springfield schools, the Eclectic Medical Institute of Cincinnati and the National College of Electro-Therapeutics. He practiced medicine in Russell, Kan., and also in Bucyrus, Ohio, before he came to Pasadena in 1898. A member of the Kansas State Board of Pensions while a resident of that state, Dr. Perce became equally active upon taking up his residence in Ohio. He traveled over Ohio in company with the late President William B. McKinley and Mark Hanna in behalf of the Republican party, and was chairman of the Republican County Committee for several years. He was state counselor for the Junior Order of United American Mechanics and district commander of the Maccabees of Ohio.

"Shortly after his marriage to a second cousin of General Miles, Dr. Perce came to California, settling in Long Beach on March 15, 1899.

"Dr. Perce was president of the National Eclectic Medical Association, twice the president of the Southern California Eclectic Medical Society, a member of the California Board of Medical Examiners for several years, being chosen in 1901 a member of this body, and in 1905 being elected its president. For several years he was president of the Chamber of Commerce, and also the head of the Long Beach Republican Club. Affiliated with the Masons, Odd Fellows and other fraternal organizations, Dr. Perce was a past chancellor of the Knights of Pythias. He served for some time as professor of diagnosis of the California Eclectic Medical College, and at the time of his death was surgeon for the Craig shipbuilding plant and the surgeon in Long Beach for the Salt Lake Railroad Company.

"Dr. Perce was a member of the First Methodist Church, president of the Los Angeles Submarine Boat Company, and was active in local politics. He is survived by a widow and a sister, the latter living in Kansas City, Mo. His body was cremated and the ashes put in a stone in Long Beach cemetery.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June 14-18, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 m. on the first Tuesday of each month. O. C. Welbourn, M. D., Los Angeles, Cal., president; K. E. Seeburger, M. D., Los Angeles.

LOS ANGELES COUNTY ELECTRIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held April 4th, at the College Hall. The following members being present: Drs. Caryl, Brown, O. C. Welbourn, P. M. Welbourn, Cleaver, Cox, Reeks, Wilson, Smith, Baird, Seeburger and Scudder.

The minutes of the previous meeting were read and approved.

Under the subject of new business, the President, Dr. O. C. Welbourn, appointed Drs. Baird, Scudder and Cleaver as the three members constituting the Board of Censors for the year 1915.

The subject of the joint meeting of the Los Angeles County Eclectic Medical Society and the Southern California Eclectic Medical Association to be held May 4th being brought up for discussion, resulted in the following motions: Dr. Smith firmly believing that a well fed stomach is conducive of a contented soul made the motion that a banquet be given at the noon intermission of the joint meeting before referred to. The motion was quickly seconded by yon "Cassius of the lean and hungry look. "Visions of entrees and purees" moistening the lip and brightening the eye," brought forth such a chorus of vigorous yeas as to leave no uneasy doubts of its passage.

Then the hospitable Dr. Barbrick, he of the corbovinum, of whom it might be said as Goldsmith did of his father—"All blessed him who left his door," rose and made the motion that the Los Angeles County Eclectic Medical Society in behalf of itself and of the Southern California Eclectic Medical Association invite the student-body of the California Eclectic Medical College to attend the banquet to be given by the joint

societies. The motion was heartily seconded by Dr. Scudder and passed unanimously.

Motion that the chair then name a committee on arrangements for the banquet resulted in the appointment of the following members: Drs. Brown, Smith and Barbrick. This was followed by the presentation of the following names for membership by Dr. Barbrick: Dr. H. E. Stroud, of the Colorado University of Medicine, Dr. Chas. H. Ervin, of the California Eclectic Medical College, Dr. J. A. Garland, of the Northwestern University of Medicine. The Board of Censors deviating from the heretofore established custom of reporting upon their considerations of the proposed names for membership at the following meeting; retired for immediate consideration of the names. Their report being unanimously favorable, action was taken upon the report resulting in the increase in membership of the society by the three proposed names.

A motion was then passed to the effect that membership application blanks be prepared and used hereafter.

The paper of the evening, entitled "Electricity and the Average Practitioner" read by Dr. John M. Cleaver was considered by all to be a very excellent paper, indeed. The practical handling of the subject and the wide and successful applicability of its therapeutic field were thoroughly and carefully received. That which might be said as recommending its excellency more than another is, that it inspired a determination among many of the members for further investigation and study of the subject.

Discussions invited by the Chair were participated in by the following: The first doctor, Dr. Smith having in mind his many excellent results from the administration of electrical treatments said, "Them's my sentiments tew." The second doctor quite agreeing declared he didn't intend throwing a bar (or) brick at such a well written paper. The third doctor in his discussion did the subject up Brown. The fourth doctor declared he was too Welbourn to offer criticisms where none were entertained nor in order. The fifth doctor—Baird his breast to the criticism that the *modus operandi* of the wonderful cures recited had not been stated. The last doctor declared the entire paper from beginning to end Reeks with inspiring enthusiasm.

The pleasant and profitable meeting with the atmosphere of hearty good cheer pervading it caused the motion to adjourn

till the next regular meeting (which will be held in June at the regular time and place) to be delayed to a late hour.

Dr. K. E. Seeburger, Sec'y-Treas. Dr. O. C. Welbourn, Pres.

OUR STATE AND NATIONAL MEETINGS

Dear Doctor:

The Committee of Arrangements and Entertainment of the Eclectic Medical Society of the State of California announces that it has selected the Hotel Plaza, Post and Stockton Streets, overlooking Union Square, as the Official Headquarters. Rates: European plan, single with bath, \$2.50 and up; double with bath, \$3.50, \$4.00 and up.

All officers of the National, as well as officers and members of the California Eclectic Medical Society, will be found here. The rates quoted are extremely low, considering that June is one of the banner Exposition months, and the committee urgently requests all those who expect to attend to make their reservations early. Write the hotel management direct, stating the number in your party, length of stay, number and price of rooms desired. To obtain this minimum rate it will be necessary to make reservations early and enclose a deposit of \$5.00 for each room.

The sessions will be held in the Municipal Auditorium at the Civic Center, Tenth and Market Streets, with street-car service direct from the hotel.

The Eclectic Medical Society of California extends a most cordial invitation and promises a big-hearted California welcome to all members of the National. We have the best "World's Fair" ever held, and expect to have the largest and most enthusiastic meeting ever held by the National. Don't forget the dates—June 14, 15, 16 and 17. June 18 is set aside and will be known on the Exposition grounds as "National Eclectic Medical Association Day."

Fraternally,

H. FORD SCUDDER, M. D., Sec'y.
337½ South Hill Street, Los Angeles, Calif.

COLLEGE NOTES

Herbert T. Cox, M. D.

F. C. Calloway, who attended the C. E. M. C. for two years, writes that he graduates in Cincinnati in May, and hopes to come to California some of these days. He wishes to be remembered to all of the students and professors who know him.

A. Goff, M. D., graduate of C. E. M. C., 1913, is spending a few days in Los Angeles.

The Seniors are busy people these days; as they are in the midst of their final work. Thursday evening, June the third, will be Commencement, and the college expects a fair-sized class to graduate. So doctor plan to have that date open so that you can attend the exercises. Announcement of the program and place of holding the commencement will be made later.

In Embryology. Prof.: What would be the condition if there were too much amniotic fluid?

Student (becoming enthusiastic): Why the foetus would drown.

Carl P. Getzlaff, M. D., graduate of C. E. M. C., 1914, was a visitor at the college recently. The doctor was looking fine and seemed to be glad to be back in Los Angeles.

Dr. L. A. Perce, who recently died at Long Beach, was one of the members of the first faculty of the C. E. M. C. after it was removed to Los Angeles, and held the chair of General Diagnosis for three years, but had to resign, owing to failing health not allowing him to make the long trips up from Long Beach to lecture.

Prof. Roath contemplates a short trip to the East, and will be gone a few weeks.

"Deduction is the thing," said the college graduate just returned home. "For instance, yonder is a pile of ashes. That is evidence that we have had fires this winter." "True," said his father; "and now, John, you may go out and sift that evidence."—"Clipping."

NEWS ITEMS

Dr. and Mrs. W. S. Gibson have returned from San Francisco where they visited the Fair for a week.

Dr. H. V. Brown was in San Francisco last month to attend the meeting of the California State Board of Medical Examiners. The next meeting will be in San Francisco, beginning June 14th, and the July meeting will be in Los Angeles.

Died: Dr. L. A. Perce, died at his home in Long Beach on April 9th, and the funeral was held on April 12th. An obituary appears elsewhere in the issue.

For Sale: Medical library for sale. Address Mrs. L. A. Perce, Long Beach, Cal.



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CLUB RATES

The various Electic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	\$1.00	\$.90
California Eclectic Med. Journal, 819 Security Bldg., Los Angeles.....	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

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P. O.....

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Where graduated.....

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